

2008 PATC Massarock CREW APPLICATION

Please Print Legibly

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone [day]: [] **[evenings]** [] **Email**

If you expect to be at an address other than the above prior to your scheduled crew week, please give the date[s] with address & phone no. _____

Age as of January 1, 2008: _____ **Emergency Contact:** _____

Relationship: _____ Emergency Phone No. [] _____

Medical History

Physician: _____

Address: _____

Phone: _____ **Medical Insurance Co. & Policy or Cert. No:** _____

Do you require any medications? If so please list _____

Do you require emergency medications such as for bee stings?_____

Date of last tetanus booster? _____ **Height** _____ **Weight** _____

If you currently have, or have a history of, any of the following conditions please indicate and explain below:

Trick/Lock Knee

Swollen Joints _____

Back Trouble

Foot Trouble _____

Vision Problems _____

Depression _____

Eating Disorder _____

False Teeth

Menstrual Cramps

Severe Headaches

Dizziness/Fainting _____

Epilepsy/Seizures _____

Asthma

Diabetes _____

High/Low Blood Press. _____

Heart Murmur _____

Chest Pain

Drug/Narc/Alcohol Habit _____

[This information will not keep you from working on the crew; it is important in case of emergency]

Feel free to tell us anything else about yourself that you feel is applicable:

Massarock Trail Crew Dates

____JUN 8 - 13

____JUN 15 - 20

____SEP 7 - 12

____SEP 14 - 19

[Crew members should arrive prior to 5:00 PM Sunday, the first day of the crew week.]

PLEASE GIVE YOUR FIRST AND SECOND CHOICE!

____I can work any of these sessions. ____I will accept any week I have marked. ____Sign me up for more than one week [First-time members must have approval of Crew Leader.]

I prefer a _____size T-shirt [Med., Large, X-Large, XX Large]

Your Signature_____Date_____

If you cannot attend the sessions you signed up for call us at least a month in advance so that we can fill your slot with another member from the waiting list.

NO SHOWS WILL NOT BE PERMITTED TO SIGN UP FOR FUTURE PATC TRAIL CREWS!!!

Return to:

Trail Management Coordinator
Potomac Appalachian Trail Club
118 Park Street, SE, Vienna VA 22180-4609

Note: FIRST TIME CREW MEMBERS ARE REQUIRED TO INCLUDE A \$20.00 DEPOSIT [Do not send cash!], WHICH WILL BE RETURNED DURING THE CREW WEEK THAT HE/SHE ATTENDS, AND TO ANSWER THE FOLLOWING ON AN ATTACHED SHEET.

1. Briefly outline any volunteer or outdoor work experiences.
2. What skills, experiences, and interests do you have that you feel will benefit the success of the crew program?
3. What are your reasons seeking volunteer work on a PATC crew?
4. Where did you hear about the PATC crew program?
5. Do you have any physical problems or limitations or special needs?